



## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the Application of:

MIROSLAV R. PETROV, ET AL.

Application No.: 10/749,850

Filed: December 30, 2003

For: **A Multi-Service Management Architecture Employed  
Within A clustered Node Configuration**

Art Group: 3746

Examiner: Unassigned

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**RESPONSE TO NOTICE TO FILE MISSING PARTS**

Sir:

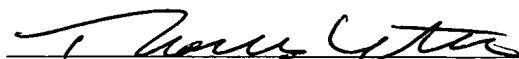
In response to the Notice to File Missing Parts mailed May 4, 2004, please find enclosed:

- a duly executed Declaration and Power of Attorney with payment in the amount of \$130.00 for the surcharge of 37 CFR § 1.16(e);
- a Petition for Extension of Time and payment in the amount of \$420.00;
- and
- copy of the Notice to File Missing Parts of Application.

If any additional fee is required, please charge Deposit Account No. 02-2666. An extra copy of the Fee Transmittal is enclosed for deposit account charging purposes.

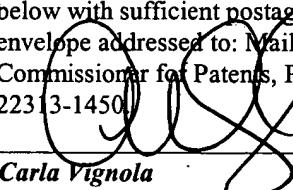
Respectfully submitted,

BLAKELY, SOKOLOFF, TAYLOR &amp; ZAFMAN LLP

Date: 9/21/04

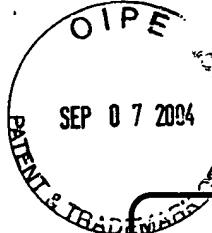
Thomas C. Webster, Reg. No. 46,154

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



Date

12400 Wilshire Boulevard, 7th Floor  
Los Angeles, CA 90025  
Telephone: (408) 720-8300



SEP 07 2004

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

		Application No.	10/749,850
		Filing Date	December 30, 2003
		First Named Inventor	Miroslav R. Petrov
		Art Unit	3746
		Examiner Name	Unassigned
Total Number of Pages in This Submission	18	Attorney Docket Number	6570P052

### ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment / Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input checked="" type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input checked="" type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Basic Filing Fee <input checked="" type="checkbox"/> Declaration/POA <input checked="" type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; height: 40px; width: 100%;">Return postcard.</div>
Remarks		

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

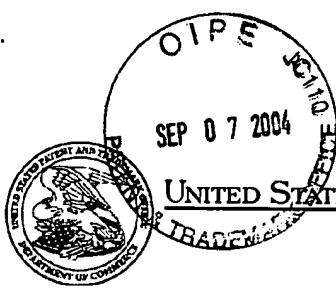
Firm or Individual name	Thomas C. Webster, Reg. No. 46,154 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	
Date	9/2/04

### CERTIFICATE OF MAILING/TRANSMISSION

I hereby certify that this correspondence is being deposited with the United States Postal Service on the date shown below with sufficient postage as first class mail in an envelope addressed to: Mail Stop Missing Parts, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Typed or printed name	Carla Vignola	Date	9-2-04
Signature			

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (W) 06/04/2004.  
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450



UNITED STATES PATENT AND TRADEMARK OFFICE

UNITED STATES DEPARTMENT OF COMMERCE  
 United States Patent and Trademark Office  
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 P.O. Box 1450  
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[www.uspto.gov](http://www.uspto.gov)

IFy

APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/749,850	12/30/2003	Miroslav R. Petrov	6570P052

08791  
 BLAKELY SOKOLOFF TAYLOR & ZAFMAN  
 12400 WILSHIRE BOULEVARD, SEVENTH FLOOR  
 LOS ANGELES, CA 90025

CONFIRMATION NO. 9444  
 FORMALITIES LETTER



\*OC000000012519463\*

Date Mailed: 05/04/2004

**NOTICE TO FILE MISSING PARTS OF NONPROVISIONAL APPLICATION**

**FILED UNDER 37 CFR 1.53(b)**

*Filing Date Granted*

**Items Required To Avoid Abandonment:**

An application number and filing date have been accorded to this application. The item(s) indicated below, however, are missing. Applicant is given **TWO MONTHS** from the date of this Notice within which to file all required items and pay any fees required below to avoid abandonment. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

- The oath or declaration is missing.  
*A properly signed oath or declaration in compliance with 37 CFR 1.63, identifying the application by the above Application Number and Filing Date, is required.*
- To avoid abandonment, a late filing fee or oath or declaration surcharge as set forth in 37 CFR 1.16(e) of \$130 for a non-small entity, must be submitted with the missing items identified in this letter.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is **\$130** for a Large Entity

- **\$130** Late oath or declaration Surcharge.

Replies should be mailed to: Mail Stop Missing Parts  
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 Alexandria VA 22313-1450

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*A copy of this notice **MUST** be returned with the reply.*

*McConaughay*

Customer Service Center

Initial Patent Examination Division (703) 308-1202

PART 2 - COPY TO BE RETURNED WITH RESPONSE



**EEI TRANSMITTAL  
for FY 2004**

*Effective 01/01/2004. Patent fees are subject to annual revision.*

Applicant claims small entity status. See 37 CFR 1.27.

**TOTAL AMOUNT OF PAYMENT** (\$ 550.00)

<b>Complete if Known</b>	
Application Number	10/749,850
Filing Date	December 30, 2003
First Named Inventor	Miroslav R. Petrov
Examiner Name	Unassigned
Art Unit	3746
Attorney Docket No.	6570P052

**METHOD OF PAYMENT (check all that apply)**

<input checked="" type="checkbox"/> Check	<input type="checkbox"/> Credit card	<input type="checkbox"/> Money Order	<input type="checkbox"/> Other	<input type="checkbox"/> None
<input type="checkbox"/> Deposit Account				

Deposit  
Account  
Number **02-2666**

The Commissioner is authorized to: (check all that apply)

Charge fee(s) indicated below       Credit any overpayments

Charge any additional fee(s) or underpayment of fees as required under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.

Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account

## **FEE CALCULATION**

## 1. BASIC FILING FEE

Large Entity	Small Entity			Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1001	770	2001	385	Utility filing fee
1002	340	2002	170	Design filing fee
1003	530	2003	265	Plant filing fee
1004	770	2004	385	Reissue filing fee
1005	160	2005	80	Provisional filing fee

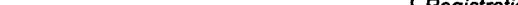
## 2. EXTRA CLAIM FEES

Total Claims	Claims	Fee Paid
Independent Claims	$20^*$	$\times$
Multiple Dependent	$3$	$\times$
		=

Large Entity		Small Entity		
Fee Code	Fee (\$)	Fee Code	Fee (\$)	<u>Fee Description</u>
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	290	2203	145	Multiple Dependent claim, if not paid
1204	86	2204	43	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over

*\*\*or number previously paid, if greater. For Reissues, see below*

**SUBMITTED BY**

Name (Print/Type)	Thomas C. Webster	Registration No. (Attorney/Agent)	46,154	Telephone	(408) 720-8300
Signature				Date	9/2/04

Based on PTO/SB/17 (10-03) as modified by Blakely, Solokoff, Taylor & Zafman (wir) 02/10/2004.  
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